

Nov. 9, 2016

Mr. Eliot Fishman
Director, Center for Medicaid and CHIP Services (CMCS)
Center for Medicare and Medicaid Services
7500 Security Blvd, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

Dear Mr. Fishman,

New York City Health + Hospitals/Correctional Health Services (CHS) **very strongly supports urgent action to approve** New York State's request to amend its 1115 waiver to authorize federal Medicaid matching funds for certain services to inmates of local correctional facilities. Medicaid services that would be made available during the 30-days prior to release from correctional facilities include:

- Health Home care management, including outreach, enrollment and development of a care plan;
- Limited clinical consultation services provided by community based medical and behavioral health practitioners to facilitate continuity of care at post release; and
- Certain medications for chronic conditions or suppressive or curative medications that would support longer term clinical stability post release.

While strongly supporting the State's waiver amendment, CHS believes that the requested amendment must include two critical aspects.

Firstly, as a correctional health provider, CHS does not bill third party payors for the services it provides. We therefore believe that an alternative to fee billing for specific services or procedures should be adopted for purposes of this waiver, and suggest a methodology similar to the Certified Public Expenditure methodology. We believe that the City's certified, Medicaid-allowable direct and indirect costs incurred as a result of the provision of care under this waiver, should be claimed as expenditures of the State's Medicaid program and thereby be rendered eligible for federal financial participation (FFP). In addition, we believe that the State should provide, in its waiver request, for a pass-through of FFP to the City. In this way, the State does not incur any new expenditure, and the City receives no greater funding than it would have received had it billed individual claims to Medicaid, under a fee schedule well-calibrated to cost.

As importantly, we strongly believe that the New York City jail system should be included in the first phase of a Medicaid waiver implementation. According to New York State's own data, New York City accounted for over one-third of the 193,349 total annual discharges from jails in New York State. New York City had 64,699 discharges in the same year when New York State saw 25,019 discharges from its prison system. In addition to the size of the City's incarcerated population, the more transient jail compared to prison population argues for early and immediate benefit from this waiver. Finally, as part of the largest public health care system in the nation, CHS not only has its comprehensive clinical service and robust discharge planning and re-entry programs, but also has strong and close connections to the health home and full-service community-based ambulatory care, inpatient and post-acute networks of NYC Health + Hospitals. All of these together point to the greater likelihood of care continuity and successful maintenance in the community of patients who can receive enhanced services prior to release under this waiver.

We applaud the State for submitting this plan waiver amendment request and urge Federal approval with the above revisions.

Patsy Yang, DrPH
Senior Vice President
Correctional Health Services
NYC Health + Hospitals